

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

5002 91 00V

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>8884</u>	2 Fiscal Year Covered From <u>1/1/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>William P. Lacey</u> P.O. Box Bldg. Room No. if any _____ Street <u>117 Crocus St</u> City <u>Floral Park</u> State <u>N.Y.</u> ZIP Code + 4 <u>11001</u>	4 Name file number and address of labor organization Name <u>NYC District Council of Carpenters</u> Labor Organization File Number <u>032922</u> P.O. Box, Building and Room Number if any _____ Street <u>395 Hudson St</u> City <u>NY</u> State <u>N.Y.</u> ZIP Code + 4 <u>10014</u>
5 Position in labor organization _____	

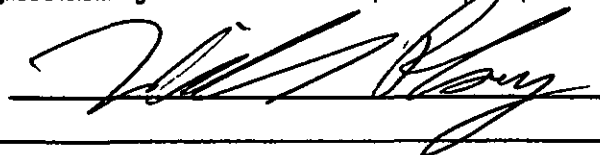
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any). Name <u>Wall Ceiling and Carpentry Industry</u> Trade Name if any _____ P.O. Box Bldg. Room No. if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income <u>Industry promotional Barbecue</u> 7 b Amount <u>96.00</u>

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions)

Signed



On

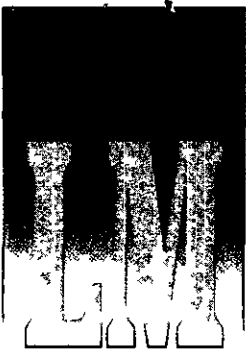
8/10/05

Date

202 366 3305

Telephone Number

New York City and Vicinity Carpenters Labor-Management Corporation



Richard E Dwyer
Executive Director

Board of Directors

David Meberg
Chairman
Consolidated Carpet

Peter Thomassen
Secretary/Treasurer
New York District Council
of Carpenters

Michael Forde
New York District Council
of Carpenters

Joseph Olivier
Association of Wall Ceiling
and Carpentry Industry

Paul O'Brien
Building Contractors
Association

Denis Sheil
New York District Council
of Carpenters

Attorneys For The Board

Mark Brossman
Schulte Roth & Zabel LLP

Brian O Dwyer
O Dwyer & Bernstein LLP

Memorandum

To William Lacey

From Daniel Mazziotta

Date July 28 2005

Re National Labor Management Conference

Hotel Room for LM conference 02-11-2004 to 02-19-2004	\$ 3 406 59
Air Fare	\$ 395 00
Registration	\$ 695 00
Pier 5 02-19-2004	\$ 97 64
Labor Management Golf Outing 02-18-2004	\$ 114 30

Part B

Name of Reporting Employer Industry Promotional Fund for the Wall-Ceiling & Carpentry Industry	File Number E-
---------------------------------------------------------------------------------------------------------------------	-----------------------

Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
-----------------------------------------------------------------	----------------------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

8.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9.c. Position in labor organization or with employer (if an independent labor consultant, so state). Union Employee	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made Name Bill Lacey P O Box, Building and Room Number if any Street 395 Hudson Street City New York State New York ZIP Code + 4 11753		9.d. Name and address of firm or labor organization with whom employed or affiliated Organization NYC District Council of Carpenters P O Box, Building and Room Number if any Street Same City State ZIP Code + 4	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made 08/17/04		10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both ("Written agreements entered into during the fiscal year must be attached.")	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan and whether in cash or property)	
08/17/04	96.00	Barbecue - Westbury Manor	
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. An annual event at which labor and management meet to discuss ways and means to advance the industry.			